

1200 Spartanburg Highway, Suite 100 Hendersonville, NC 28792

Phone: (828) 694-6060

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www.hendersoncountync.gov/health

Lodging Plan Review Application/New Permit Application

OWNER				
Name of Facility				
Ownership Type: □Association □Corporation □Indi	vidual □Partnership	☐Other Legal Entity_		
Physical Address of Facility		City	Zip	
Mailing Address of Facility				
APPLICANT				
Applicant	_ Phone #			
Applicant Mailing Address	City_		_State	Zip
Signature attesting to the accuracy of this application				
PERSON IN CHARGE (leave blank if new construction)				
NameTitl	le	Phone #		
Address	City	State	eZ	ip
FACILITY INFORMATION				
Type of lodging establishment: □Hotel/Motel* □Bed an *Extended stay rooms located in the same building as dail				nn (up to12 rooms)
Construction type: □New □Remodel (excluding cosmoscope of work: □New □Remodel (excluding cosmoscope of work)	etic or non-structural ch	anges) □Change of O	wnership	
# of guest rooms # of buildings				
Sewage Disposal: □ Municipal □ Septic Tank				
Water Supply: □ Municipal □ Well				
Food operations (if applicable):				
 □ prepares, or serves TCS (time/temp control for safety) □ prepares only food that is non TCS (time/temp control packaging; opening bulk can fruit; baking muffins) □ does not prepare, but serves only non TCS (time/temp packaged muffins, cartons of milk, individual cereal packet 	for safety) to guests (or control for safety) prep			
Bed and Breakfast Only: # of meals a day Types of meals: □ Breakfast □ Menu(s) provided: □YES □ N				
**If for a hotel or motel, then a separate Food Service Esta food service establishments shall be reviewed by NCDHH		Application shall be su	bmitted. A	ll franchised/chain

If this is a new facility being constructed:

SUBMIT THIS APPLICATION WITH PLANS TO GARRETT. CONTACT GARRETT AT (828) 694-6053 OR GRAPP@HENDERSONCOUNTYNC.GOV.

Visit: http://ehs.ncpublichealth.com/rules.htm to view all sanitation regulations.